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ABSTRACT

A perspective is suggested for operating and maintaining an environment capable of providing sexual education and expression for children in a residential center for disturbed children. Considered are: (a) the role of staff selection, (b) ways of modeling behavior in the life space, (c) tactics involved in information seeking and information giving, (d) ways to teach the dimension of time and place, and (e) how to teach children alternative ways to satisfy needs other than by the misuse of their sexuality. Although there is no sex education pattern suitable for everyone, certain knowledge has universal value. The skills of expression, the skills of control, the notions of public vs. private, the sense of knowing a variety of ways to meet one's needs are important in any culture no matter what specific times and places are approved or disapproved for a particular act or language phrase. (CS)

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SEXUAL BEHAVIOR AND LANGUAGE:

Child Care Worker Management in the Service of Child Education

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I. INTRODUCTION

The offensive sexual language and gestures that one occasionally sees when driving behind a school bus are commonplace encounters for adults in residential treatment. They occur as expressions of groups of children and as the expressions of an individual child dealing with another child or with an adult. In addition, sexual acts ranging from masturbation to experimentation with perversions occur in the living quarters of our centers. A mere catalogue of these events depicts the mixture of curiosity, confusion, antagonism, excitement, and longing that is present in a group of youngsters learning to deal with their own bodies and our culture's contradictory values about that learning.

Many of us, in the past, involved in residential treatment cherished the hope that imparting accurate sexual information in the context of warm human relationships would prevent nonsense or trouble in the sexual area. Our disappointment with the failure of this simple "cure" is now compounded by confrontations with those younger staff members whose values in the area of sexualty stress openness, freedom, even what seems to us to be license. Our efforts to discuss the sexual education of children usually run against - not prudery or shocked modesty - but against the accusation that we are the prudes, or not liberated, or are tied to antique sexual modesty. After we recover from the shock of that table-turning, we need to at least consider that there is truth in the accusation.

Consider the following: We have usually been more willing to teach Greek and Latin bodypart names than we have been willing to discuss itches and tingles and pleasure and excitement. We have been more willing to give facts of life talks to young children than to discuss confusing values about sexual behavior with adolescents. We have often segregated

facilities at the child level, and occasionally at the staff level. We have often held rather narrow conceptions about what is appropriately male and appropriately female - ranging from dress regulations to rules about which activities could be participated in or led by which sex. The so-called Sexual Revolution has reached the residential treatment center. We stand accused and perhaps confused. We will not get off so easily by saying - "Well, but, these children are sick." The necessity to teach and treat the children in our care will not go away, nor will it wait until a consistent, sensible whole set of cultural values (or body of scientific knowledge on which to base cultural values) arises and is disseminated.

And so in the meantime, we attempt to deal with the education of children in sexual matters with the best developmental knowledge and management skill we know about. Today we will share some of those thoughts with you.

You will recognize our indebtedness to Fritz Redl[1], Elton McNeil and William Morse[2] for focusing our attention on the life space management of sexual expression; to Anna Freud[3] and to Robert White[4] for our perspective of developmental lines and our concern with emotional competence.

1. Redl, Fritz. 1966. When we deal with children. New York: Free Press.
2. McNeil, Elton, B. and Morse, William, C. 1968. The management of sex in emotionally disturbed children. In Long, Morse, Newman (Eds.) Conflict in the classroom. Belmont, California: Wadsworth
3. Freud, Anna. 1965. Normality and pathology in children. New York: International University Press.
4. White, Robert. 1963. Ego and reality in psychoanalytic theory. Psychological Issues 3(3): 1-210

Joseph Noshpitz has provided a description of how we as therapists have worked in the life space and communicated to child care workers about management and education of children in that arena.

> "The therapist, then, has a vital role to play in unit life; he needs to be around as consultant and instructor in on-the-spot handling of patient crises--he must be ready to move in and talk to patients, and, in particular, to have the child care workers with him when he does this, so that he would at once be performing the life space interviews and teaching the child care staff how to do this. This is a new horizon, a new frontier of treatment and training that has only recently opened up, but it has become a singularly essential part of the therapist's work. It bids to have a major impact both on the care of the sick and on child-rearing practices in general."[5]

At first, we will present our clinical impressions of the circumstances when greater amounts of difficult-to-manage-in-the-life-space sexual language and behavior can be expected in a residential center. It is not that we can, or even should try, to prevent all these circumstances from arising. The notion here is that it is helpful to know when to be alert for the likely appearance of sexual acting out -- if only because we are then alerted to some of our life space teaching opportunities:

(1) The Arrival of New Boys --- We have found that youngsters do not always know age-appropriate controls over ways to get to know each other. In the process of establishing contact, new boys frequently investigate one another's bodies. This occurs partially through sexual-aggressive horseplay or wrestling, and partially through exploitative use of another boy's body. If we are oblivious to this phenomena

5. Noshpitz, Joseph. 1971. The psychotherapist in residential treatment. In Mayer, Morris, F. and Blum, Arthur. (Eds.) Healing through living. Springfield: Thomas. p. 175.

we may well be letting the youngsters in for the establishment of a secret status system based on sexual privileges with one another.

(2) Unsupervised and Boring Times --- At these times children sometime resort to their bodies as the only available toys. As a solace to loneliness, as a secret disapproved activity, sexuality begins to accrue troublesome meanings for our youngsters.

(3) Sub-groups of the Lonely --- Occasionally, there are several youngsters who have trouble making contact with peers. When they suddenly appear with plans for activities away from us e.g., in the tree house, it pays to at least consider the possibility of secret sexual activity.

(4) Stimulation from the Staff --- We are not speaking of the seductive staff member though that, of course, does present problems. We are speaking of events like the announcement of a staff marriage or birth, or the appearance of a new very attractive female staff member. These events promote fantasy and curiosity --- and without staff alertness troubled children soon convert that fantasy and curiosity to investigation by hand.

II. Useful Concepts on which to Premise Life Space Management of Sexual Behavior

Our frame of reference is developmental and educational. We try to communicate to staff some understanding of normal child development as a series of emotional and cognitive tasks which all children face in the course of growing up. Through their experience with their own bodies, their peers, and adults, children acquire a range of competencies or coping skills with which to deal with these tasks. We view the troubled children in our care variously as stuck on tasks more appropriate to younger children, as deficient in the range of coping skills they possess, and as possessed of inefficient, growth-blocking or mal-adaptive coping habits. We view the life space as an educational arena - one in which the daily experiences of play and work and human relationships offer myriad opportunities for teaching. The child care workers are seen as educators of the child's ego. We try to help them in terms of teaching a curriculum of coping skills. They utilize their interventions with children as opportunities to be the child's ally in his struggle with the tasks of development. They attempt to interfere with or stop mal-adaptive coping habits while offering the child models of, explanations of, and encouragement for the development of, alternative better ways of dealing with the tasks of growing up.

Though we consider it an important aspect of the child's change for the better, we do not think of psychoanalytic reconstruction as an integral part of the life space process. Managing children in such a way that they learn to manage their own lives better is the life space task. Making understandable connections between the past and the present (ideationally and affectively) is more exclusively the task of psychotherapy. Of course, there are many processes common to the life space

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and individual psychotherapy: our focus in this paper is on the life space. In this section of the paper, our focus is on concepts and distinctions which help child care workers operate more effectively as teachers of coping skills in that life space.

A word about the"fusion of sex and aggression": To state that this occurs, and bemoan the trouble and pain it causes human kind are of little help to life space work with children. That troubled youngsters are especially prone to confusion and indistinctness between self-assertion and hostility, between love and hate, hurt and help, is perfectly true. That the troublesome blends of these modes of interaction with others (and with self) always have powerful connections to earlier experiences is also a truism. Our emphasis in regard to life space management is on helping child care workers use everyday occurrences to teach children appropriate distinctions when possible, as opposed to using these occurrences to trace down origins of behavior.

> E.g., To the young boy pinching the female child care worker who is reading him a story while they sit side by side on the couch: You can like me and want to be close and you can be angry with me - but not at the same time. From there one can go on to distinguishing appropriate ways to do each - go away and complain, tell me you're angry, tell me you feel two ways, etc.

We have found Ann Freud's concepts of developmental lines particularly useful in teaching child care workers expectations as well as management techniques in dealing with disturbed acting-out children. Especially the lines proceeding "from the body to the toy", and "from egocentricity to companionship." Making both a developmental link to earlier understandable behavior, and creating a human, sympathetic view toward what a child is attempting to struggle with in his growth, helps tie together what otherwise tend to be isolated bits of behavior, or puzzling

repetitions of seemingly meaningless acts.

The concept of progression and regression along developmental lines is also extremely useful in teaching staff to view sexual behavior in meaningful perspective. It proves, sometimes, to be as reassuring to us as it is to the children and certainly helpful in planning program, group assignments and placement. When a child goes back to "old ways" so to speak, whether it is at a stressful time of every day or a difficult time each week season or year, the understanding that this behavior is transitory, and that the child can recover gains previously made is tremendously helpful. This may also be, unfortunately, a rather slim justification, but one must, I suppose, take that risk.

We have found that distinctions between motoric and verbal behavior, and distinctions between primary and secondary acting out are important assets to the child care worker's management and teaching of children. It makes a difference when managing acting out behavior to distinguish between degrees of delay and control a child is capable of achieving as well as the particular mode of expression he selects. If we think of acting out in young children - sexual or aggressive - it can occur either through motoric action or vocalization, and with more or less ego-organized, executive guidance. With regard to sexual language, for example, the acting out children we see may burst out with what we call primary acting out, an impulsive, explosive stream of half-vocal, half-verbalized language at one extreme. At the other extreme of the continum of vocal acting out, a child may contrive and organize a verbally manipulative

use of sexual language, again for the purpose of tension reduction, but carry it out with more ego-guided, selected discharge. This is what we refer to as secondary acting out.

Similarly, motoric acting out can range from an impulsive burst of behavior to a more organized elaborated plan of scheduled action. When one attempts to help a child learn a better way to solve emotional problems than through acting out, the task may be clarified if one can teach child care workers to move into a life space situation and provide the kind of aid the child needs based on the kind of controls he has at his disposal. For example, the swearing of a raging, panicked child needs a different kind of management, obviously than the child who arranges to disorganize a whole dining room by yelling across the room words well chosen to disrupt the entire meal, such as "I love you, Fred", or "Your mother ...".

We teach child care workers that when a child is using words to express his need for help, this process represents a higher stage in the development of controls than if he can communicate through action alone. We would also place the use of gesture and pantomime as somewhat higher level developments. Implicitly or explicitly, through our own examples of using language for one, we demonstrate to child care workers and children that action attenuated, expressed in words, symbolized or modified in some way reflects our goal of helping them use a better way to express need. When a child is "running off at the mouth", however, with a stream of obscenities, he often seems to be losing control or lost control of himself already. The words, like automatic discharges of tension govern the child like the tail wagging a dog, so to speak. It makes it harder to see this behavior, non-motoric as it may be, as

serving a very different purpose from that of the impulsive discharge of tension in primary acting-out, but the child needs the same help - someone to stop him and help restore his control.

When a child is engaged in secondary acting out, we encourage child care workers to ally themselves with the more mature side of the child that has used some executive, integrative ego in selecting a plan, choosing among alternative acts (or, for that matter, words) and carrying them out. If the child has that much ego at his disposal, child care workers are several steps ahead in helping him develop choices of alternative behaviors to get him what he wants.

> E.g., Joe plans many afternoons to get into some game a female child care worker is leading or participating in, then when he gets close enough to grab at her genitals. He then gets himself thrown out of the game. He takes the consequences but also is helped to learn a better way to be near her and be noticed by her, because he likes her.

III. Delivery of Sexual Education in the Life-Space

In this section we will consider some tactics for operating and maintaining an environment that is capable of promoting life space sexual education for children. We will consider - a) the role of staff selection, b) ways of modelling behavior in the life space, c) tactics involved in information seeking and information giving, d) ways to teach the dimension of time and place, and e) ways to teach children alternative, better ways to satisfy needs than by the mis-use of their sexuality. These should not be construed as an exhaustive list of tactics, or even a complete child care worker manual. They are an attempt to begin a dialogue on the utilization of the life space as an arena for sexual education.

We have not examined individual children or their life histories to tease out the dynamics of a perversion or even catalogued the behavior of a group of children to study the natural occurrence of partial-impulse behavior in childhood. Both worthy endeavors but not our subject.

We are examining how to provide an environment in a residential center which through child care work delivery of life space education sponsors learning about sexuality. Of course, without this the most skilled 50 minute hour-by-hour handling of a child can be undone or subverted. On the other hand we are not suggesting that clever life-space teaching by itself will undo or cure a child's intricate sexual problem.

A. Staff Selection

One of the first considerations in planning life-space sexual education of youngsters is the choice of staff. We are not now speaking of adequate vs inadequate staff, or even of the child care worker's share of decision-making on treatment team - though it should be clear where we stand on those issues. We are speaking of distinctions among a group we assume are all adequate, intelligent, dedicated, participating staff members.

Life space sexual education, we believe, proceeds more sensibly when there is a balance of men and women on the staff. By this we mean not only that the line staff should include both male and female child care workers, but that the supervisory staff of "power people" ideally should include in their number both males and females. We inadvertently teach something when in our staff hierarchy the highest ranking female is a new teacher or child care worker. It is parallel to what is inadvertently said when the only black in the institution is the relief cook. If all the supervision is given by males to females it invites some children (e.g., who seek to find weakness to act out their anger against) to assume that women are weak and to act out their difficulties only with females. It seems very likely that this will, in turn, influence the children's education about sexual differences. The demands for both mothering and fathering that the youngsters in our care put -- and often indiscriminately put -- on us can be fulfilled more adequately if we have both mother and father figures in the environment. It goes without saying that these roles are shifting in our culture and an institutional version of father patriarchs and mothers tied to the 3 K's (Kirche, Kuchen and Kindern) would hardly prepare our youngsters for "out there." Of course,

the inverse would do no better in the way of preparation.

Moreover, from the standpoint of the child care worker the capacity of the man to bring comfort as well as bravery to the child with the skinned knee (or the woman to bring bravery as well as comfort to that child is enhanced greatly by models of both kinds of skill within the two-sexed staff. In fact, without both males and females on the line staff the quality of child care worker interventions tends to become overshifted toward rigid cultural conceptions of male and female (e.g., tough male masters or indulgent mothers). The result is mis-education for youngsters, and at times a strain on the sensitive staff member who is either uncomfortable with the demand from children for "cross-sex" behavior (e.g., Mothering from a Man) or uncomfortable with the local ethos not to act that way to kids (i.e., he feels uncomfortably hardened by the implicit staff code).

There is present within our culture a wide range of what is acceptable male or acceptable female behavior (at least surface behavior). Not every man is addicted to professional football on T.V. -- nor is every woman standing by waiting for help with her coat. If we choose super-male and perfectly female staff (or even tend in that direction) we confirm, by availability of identification objects, a too narrow version of what is sex appropriate behavior. As a consequence we strait-jacket the troubled youngster in his search for sex appropriate models for his own developing sex identity.

By contrast, the availability of different kinds of men and women on our staffs, present to children a range of imitation and identification possibilities.

> (e.g., At times we can help a fearful child who does not trust his body to risk physical contact in games through urging participation in the game with his favorite quiet child care worker friend).
>
> (The boy who very much prefers the company of a woman can, at times, broaden his horizons by repairing his bike and going on a bike hike with his female friend).

Yes, we want staff who can play rough and tumble games with children and staff who prefer quiet conversation as a form of human interaction--but those characteristics need not be sex-linked. Yes, we need both soul-searchers and kid-handlers, but we need some of each among both the male and female staff.

Maybe it would be ideal if each individual staff member could portray any part of the whole range of human character when that part was what a child most needed. It is doubtful that we would want to do that even if we could. The danger then would be that the children in our institutio would be exposed to masks not persona. It seems then that our best tactic is to strive to balance our staff not only in regard to male and female biology but in regard to the kinds of maleness and femaleness in behavior and character that we have available in our environments. And beyond that to create an atmosphere of respect for, and cooperation among, different kinds of people.

B. Modeling

Not only do child care workers give planned information about sexual behavior and language directly to children in the life space, but they also meet recurrent but unscheduled opportunities for clinically exploiting daily events for the benefit of a child's education about sexual matters.

When male and female child care workers work regularly together in substitute parental roles with children, the interaction between them is constantly subject to inspection if not imitation. Beyond the transference aspects of the children's perceptions of these interactions, which would lead them to distort the relationships into replicas of past parental interactions, the daily bits of verbal and non-verbal behaviors between these male and female adults communicate values and attitudes about the capacity of adults to maintain appropriate aim-inhibitions. During their work shift with children, a man and woman child care worker have repeated opportunities to demonstrate warmth toward each other without engaging in public sexual acts. (They similarly demonstrate aim-inhibited aggression toward each other in disagreements and annoyances - small angers - without losing control and committing acts of violence against each other). Especially in instances where charismatic young staff people show kindness and good-humor, are loving people with an outgoing temperament and capacity to communicate affection, they have high appeal not only to the children they care for, but to their peers as well. To the extent that they display their charm but do not openly seduce each other, maintain mutual attractions but delay direct gratification until private times, and otherwise respect each other in modest, non-exploitative, lust-inhibited encounters, they can add to the ego-strengthening, growth-producing nature of the therapeutic milieu.

When they go beyord merely living out appropriate management of their own range of libidinal talents and refer in words to the example of their own behavior, the ego-building effect is probably greatly increased. Yet it seems rare that without explicit "permission," example, or encouragement from senior staff, therapists, or supervisors, child care workers make as full use as they might to model and clinically exploit this aspect of their own drive management in the service of a child's sexual education.

C. Information Seeking and Giving

One of the first lessons child care workers teach young children in residential treatment is that grownups care for them. They teach the children that the caring process means taking care of them. Even if a child's self-esteem is too low to invest in care of himself, he learns that child care workers care about him, and consistently take care of him. Child care workers show children that they have an abiding interest in maintaining a growth fostering environment, providing gratification of all basic physical needs, and provisions for health and safety: adequate nutrition, sanitary conditions, minimization of and proper treatment for illness. Thus, child care workers teach the children that -- perhaps in spite of their disregard for the rights of their bodies -- their bodies are important. Depending on the degree of oral stage care or deprivation a child has experienced in the past, child care workers may need to help a child obtain more or less gratification from his body. In the process of delivering grownup care, we anticipate that a child care worker is able to transmit some of the following information to a child:

that:
(a) his body deserves care and is important
(b) he has a right to the satisfactions his body will bring him
(c) everyone has a right to the integrity and autonomy of his own body.

When a child begins to pay attention to his body and begins to transfer our care of it to himself, it may be that the timing is correct for emphasizing this most fundamental level of sexual education, education about his body, the development of an image of it, and a positive regard toward it.

When a child is capable of moving beyond a predominantly body narcissistic position, child care workers can explicitly provide him with a verbal explanation of the lifelong task of balancing self-regard

and investment in concerned relationships with other people. Child care workers have opportunities again and again to name this process of blending care of oneself and care for others.

Just as child care workers teach children to deal first with feelings of anger, sadness, happiness, and other states of affect by naming them, they have opportunities in the life space to teach children to name states of sexual arousal. It is probably more common in residential settings, as elsewhere, to find that children have or are taught words to express aggressive states sooner than to express states of sexual arousal. In fact, there is a large overlapping vocabulary in this culture - and many nominally sexual phrases have almost exclusive use in the service of aggression: e.g., "Fuck you" "Up yours". In this sense, the existence of the latency period may be exaggerated to the extent that we adults withhold verbal acknowledgement of states of sexual arousal in the children. Consequently, when we use words easily to refer to aroused sexuality - "feeling sexy", "feeling excited", "sex play". etc., - we make it easier to desensitize the whole area and reduce the degrees of anxiety and confusion that are attached to the discussion and exchange of information about sexual behavior and language.

Once the topic is somewhat desensitized, it is possible for child care workers to utilize natural times for reflective discussions among groups for planned or spontaneous communications. With a therapist's help, a child care worker can help a child understand derivatives of early family experiences related to his present sexual attitudes. The therapist himself, of course, should be available to both child and child care worker to work through private conflicts blocking communication, or to correct misinformations.

The information exchange process goes on all the time, whether dignified by a formal title or not. Redl reminds us of the fact that in part "The kids themselves do the job" of providing necessary information about sexuality to each other.* Many latency clubs become in part "Know the body clubs" and might be given approval by child care workers who could act as "advisors" to maximize the helpful process of incidental or primary information exchange that club bull sessions provide.

It takes skill and practice, also to discover the children's questions amidst a barrage of obscuring surroundings. The significant affects connected with a topic discussed in a bull session are detected in the myriad defensive operations in a similar way to the process in individual interviews.

*Redl, Fritz
When We Deal With Children

D. Teaching about Time and Place

In the past few years the "new morality", "the sexual revolution", or "new freedom" about sex has affected part of a generation which now seeks to widen the acceptability of and make more public a diversity of liberalized sexual practices. In the past century, since Freud's original appeals for people to acknowledge their sexual drive, representation of sex has gone from a private to highly public state. Today, there is a wish to promote more of sexual behavior and language to acceptable public status.

It is a dilemma to be pondered anew when at least three generations attempt to plan a reasonable method of teaching children what expressions of sexual behavior and language will be both acceptable to their culture and afford them individual satisfaction.

Some adults will always be more offended by public sexual language and/or behavior than others.* Child care workers always face the problem of trying to decide what will be optimal need gratification for any particular child in the light of what is acceptable to his environment. Taking into account the subcultural context to which a child will return following residential treatment, one can be guided somewhat in determining what limits the child will be expected to conform to. However, few family workers, therapists, teachers, or child care workers would be willing to groom a child for accommodation to a cultural or family life style that threatens to be damaging by excess in either the direction of irresponsible license or stupefying repression. Inasmuch as we seek to guide our childre to age and stage appropriate experiences in other areas of ego development, we can also try to make a team effort to plan some kind of sensible progra of learning for a child. Without attempting to provide an exhaustive compilation of items indicating "What to do" and "How to do it", we offer

*CF Boston Globe Editorial, Feb. 4, 1971 "The Sex Teacher".

the following parameters we think are useful in aiding child care workers teach acting out young children about time and place concepts about sexuality.

Some children benefit from the reassurance that everyone shares his interest in sexual topics; actually they can only feel at all comfortable in group discussions with at least one peer. Yet in the experiences of most child workers some children need to be taught to seek insulation from the overstimulating and disorganizing effects of dealing with the high anxiety engendered by discussions of sex in groups. "They simply get too silly" is a frequent complaint of child care workers.

The children develop a sense of not only what they as individuals are able to deal with but also what sexual topics they can responsibly manage in a group discussion. The experience of learning that one can have a private discussion about a sensitive matter relating to sex carries over to behaviors that children learn are appropriate to the classroom or the bedroom. Though acceptable standards of private vs. public sexuality may shift, the lessons that child care workers teach children about the necessity for restraint vs. expression at some time are useful ego devices. One can teach the skills of control and expression without dictating the whole pattern when you "always" are free to express sexuality or when you "never". The presence or absence of taboos and sanctions varies immensely by social class, age grading, ethnic group, gender, and geographic region.

We teach children to accept changes in the balance between aloneness and togethernees, attachment and detachment, throughout the day, at bedtime and at wakeup time. Child care workers can help a child accept and accomodate himself to his multiple inner states he is more subject to, including sexual arousal, when the balance shifts from social togetherness to solitude. Conversely, when child care workers help a child put aside

auterotic activity in favor of a daily activity, he is aiding the learning process of acquiring a necessary skill in socialization.

Some of us are dealing most often with the children who need to build systems of restraints and self-controls, others with children who need to learn to express; but without some skill in both areas we leave out an essential component of a child's emotional competence. To either hew to a contrived and elaborate set of rules or to abandon them all is to sacrifice the opportunities to teach human freedoms and necessities of adaptation. To paraphrase Emerson, "a foolish consistency is the hobgoblin of small minds" -- and of modern liberationists and of modern prudes.

E. Teaching a Better Way to Satisfy Needs

Assuming that we have some success in teaching children the range of acceptable outlets for sexual behavior and language appropriate to their present cultural circumstances, and some skills in expression as well as control, we can also teach them how to get what they want when sexual language and/or behavior is used as a substitute for other needs. Of course, a great deal of substitute behavior occurs among acting-out youngsters. For example, when children are together in the initial stages of a new group, getting to know each other is an appropriate set of social tasks to perform. But as a starting activity, collaborating in secret or open sex play seldom gets them relief from anxiety, but guilt and a set of consequences from supervising adults. Child care workers have the opportunity of guiding and stimulating the child to try new social techniques for dealing with other children. The child who bullies others into sex play in the attempt to establish a dominant group position, or the child who "buys" a new friend with an invitation to sex play, misses the chance to learn to bear the anxiety of facing a new friend and getting to know him in the many other ways available.

Child care workers can also help children deal with language in more effective ways than using it only as a catharsis for rage or vocal acting out. The child who says, in effect, through his sexual language, "I want to keep you away", or "I want to tease and control you to keep you near", or "stop", or "I don't like that," can learn (in addition to the reminder of a taboo against it when appropriate) to get others to know what he wants them to know. When we simply permit the expression of sexual language in an effort to lighten the burden of morality for a child when he or we feel it a burden, we may sometimes see our task too myopically and lose sight of the child's wish to communicate a need he has no other words for.

We can equally well permit or discourage the sexual language and, in addition, teach a child a better way, on the spot to use more effective language.

There are better ways -- that a child can be helped to learn in the life space -- for attracting or putting off people, for inquiring about who they are or saying I don't care to know you.

There are even more socially acceptable ways for giving an ambivalent message.

IV. SUMMARY AND CONCLUSIONS

We have acknowledged the existence of some cultural confusion about sexual mores and manners. We have seen that this problem reaches into the residential care of disturbed children. We have not resolved the confusion nor have we settled on a kind of education about sexuality that is good for all times or all ages or cultural gro[redacted]

We believe we have established that some knowle[redacted]and some emotional competence does have universality. The skills of expression, the skills of control, the notions of public vs. private, the sense of knowing a variety of ways to meet ones needs and sensing that there are widely agreed upon ways of meeting those needs -- these processes are required by any culture no matter what specific times and places are approved or disapproved for which act or phrase of language.

Though this position by no means ends all quandries about a specific child and a specific act, it has helped us to add to the wholeness and educational potential of our life space. We hope it contributes to your thinking about the processes within your own milieu of staff and children.